

March 5, 2009

Adewale Troutman, M.D., M.P.H., M.A., Director of Health
Louisville Metro Department of Public Health and Wellness
P.O. Box 1704
Louisville, KY 40202

Dear Dr. Troutman:

It is with pleasure that I reaffirm that a \$308,227 James R. Petersdorf Fund (formerly Community Trust Fund) grant has been approved by the Norton Healthcare Board of Trustees to support the Louisville Metro Department of Public Health and Wellness Healthy Start program. As you described in your application, the funds will increase the number of cases seen through the program by 50 percent. That means an estimated 425 additional women, infants and toddlers will receive services to eliminate disparities in perinatal health experienced by women living in underserved areas of our community.

We look forward to the impact of this program and our work with the Department of Public Health and Wellness to evaluate advocacy programs and outreach possibilities and to discover synergistic opportunities that allow us, as collaborators, to serve our community's needs.

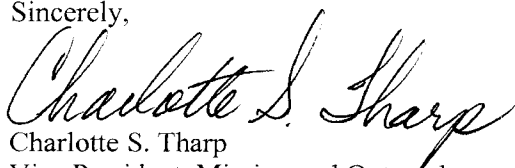
The Petersdorf Fund grant number for this program is **28-13**. The number should be referenced in all grant correspondence to the Fund.

Two reports are required each year (January 31 and July 31) for the previous six-month reporting period. We will send forms for use in reporting as a reminder when they are due. A full accounting of all expenditures from the grant must be made at the end of the grant in a final report.

Please indicate your acceptance of this grant and acknowledgement of the stipulations outlined in the original guidelines for the grant by signing a copy of this letter and returning it to me at James R. Petersdorf Fund, Norton Healthcare, M-50, P.O. Box 35070, Louisville, KY 40232.

Congratulations on the critical work you are doing for women and families in our community. We will be anxious to hear that, like your current program, this funding yields successful outcomes - with a decrease in low-birth-weight and very-low-birth-weight infants. And it is our fervent hope that the program maintains the zero percent infant mortality rate Healthy Start participants have experienced.

Sincerely,



Charlotte S. Sharp
Vice President, Mission and Outreach
Administrator, James R. Petersdorf Fund

Signature, Dept. of Public Health & Wellness

Representative Name (typed or printed)

Title

Date

cc: Nazenin Assef, Community Health Administrator
Louisville Metro Department of Public Health and Wellness

NORTON HEALTHCARE COMMUNITY TRUST FUND GUIDELINES FOR COMMUNITY SERVICE APPLICATIONS

The purpose of the Norton Healthcare Community Trust Fund is to further the mission of Norton Healthcare and includes provisions for research, continuing education programs, community health initiatives, and indigent care.

July 2006

Please read Guidelines carefully.

1. **APPLICATIONS**

Applications will be accepted only from not-for-profit organizations serving the community.

All requests for funding must be submitted using the Norton Healthcare Trust Fund Application. The following sections should be completed and submitted within the application.

A. **Detailed Project Description**

Should cover the following: introduction, specific aims, design, benefit to community, benefit to Norton Healthcare, and measures of success. Attach additional pages as necessary. Objectives of this grant proposal must be clearly defined.

B. **Summary Budget Proposal**

Total expenses by category should be provided. A detailed accounting of expenses within each category must be provided. **If funds are granted, any changes to the budget must be submitted in writing and approved by the Norton Healthcare Community Trust Fund office.**

Guidelines - The Applicant acknowledges that he/she has read and understands these guidelines and agrees to the conditions herein. Please retain this copy for your files and return the signed acknowledgment section of your application.

Complete each section and respond to all questions; if not applicable, indicate "n/a" in the space provided. All blanks must be completed. **If application is not complete, it will not be considered for funding.**

2. **IMPLIED NEED FOR SUSTAINING FUNDS**

Any application for program seed money, which would presumably require sustaining funds upon completion of the project, should explicitly specify the proposed source for such sustaining funds.

3. **GRANTEE ACCOUNTABILITY**

Typed progress reports for the previous six months are required from the recipient on July 31 and January 31 of each year of the grant and are to be submitted to the Office of the Trust. A full accounting of all expenditures must be certified by the recipient at the end of the grant. **Failure to comply with this requirement will result in any residual funds being withdrawn and returned to the Trust. Grant holders may also be rendered ineligible for future grants and will not be eligible for future grants until all reporting requirements of prior grants have been met.**

The progress reports will be reviewed, and the results of the review will be considered in future requests to the fund. **A final report must be submitted to the Office of the Trust upon completion of the grant and must include a complete inventory of all equipment.**

4. **PUBLIC ACKNOWLEDGMENT**

The recipient must agree to participate in public acknowledgment of grants received and to acknowledge the Norton Healthcare Community Trust Fund in all communications related to this project. The applicant agrees to acknowledge in all visual (videos/movies/television/Internet presentations, etc.), printed and verbal communications (audio tape/radio/speech/presentations, etc.) the following:

This (describe) was provided by a grant from Norton Healthcare, Louisville, Kentucky.

5. **PURCHASE OF EQUIPMENT**

Equipment purchased through a Trust Fund grant must carry a plaque indicating that fact. These plaques can be obtained by contacting the Norton Healthcare Community Trust Fund Office at 629-8026.

6. **REQUEST FOR GRANT CHANGES**

Any requests for changes in a grant must be submitted to the Trust office for approval. All reporting requirements must be up-to-date for changes to be considered.

7. **APPLICATION IS PUBLIC PROPERTY**

Norton Healthcare, Inc., and the Norton Healthcare Community Trust Fund reserve the right to publish or make any other advertising, marketing, or public relations use of all or any part of any application or report that is submitted by any applicant.

8. **ADDRESS**

Please submit your original application to:

**Norton Healthcare Community Trust Fund
Norton Healthcare (Box M-50)
P. O. Box 35070
Louisville, KY 40232-5070**

***If you have any questions regarding the Guidelines or the completion of the Application,
call the Norton Healthcare Community Trust Fund Office at
(502) 629-8026.***